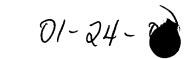
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	UTILITY PATENT APPLICATION TRANSMITTAL (Only for new non-provisional applications under 37 CFR 1.53(b)) Check Box, if applicable [ ] Duplicate	Attorney Docket No.	3190-004	Total Pages	56
	C759	First Named Invent	or or Application Identif	ier	
	S	Tetsuo WATAI SHIRAI	NABE, Takashi KIN	OSHITA, and	Fumiya
	PIO	Express Mail L	abel No. EL352564	955US	<u>و</u>
	APPLICATION ELEMENTS FOR: MEDICAL ADHESIVE TAPE OR SHEET, AND FIRST-AID ADHESIVE TAPE		nissioner for Patents APPLICATIONS		39/488762 09/488762 01/21/00
	1. [X] Fee Transmittal Form (Incorporated within this form)	(Submit an ori	ginal and a duplic	ate for fee pr	ocessing)
	2. [X] Application			To	otal Pages [51]
	3. [ ] Drawing(s) (35 USC 113) (Figs)			Т	otal Sheets []
	[X] Oath or Declaration and Power of Attorney  a. [X] Newly executed (original or copy)  b. [] Copy from prior application (37 CFR 1.63(d))  (for continuation/divisional with Box 17 completed).  i. [] Deletion of Inventor(s)			To	otal Pages [2]
Signed statement attached deleting inventor(s) named in prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  5. [ ] Incorporation by reference (useable if box 4b is checked)  The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under  Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein					
7. [] Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. [] Computer Readable Copy b. [] Paper Copy (identical to computer copy) c. [] Statement Verifying identity of above copies					
ACCOMPANYING APPLICATION PARTS  8. [X] Assignment Papers (cover sheet and document(s))  9. [] 37 CFR 3.73(b) Statement (when there is an assignee)					
	Date January 21, 2000 Label No. EL352564955US  Thereby certify that, on the date indicated above, I deposited this paper or fee with the U.S. Postal Service and that it was addressed for delivery to the Assistant Commissioner for Patents, Washington, DC 20231 by "Express Mail Post Office to Addressee" service.  Name (Print)  Signature				

## UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 CFR 1.53(b))

10. [] English translation Document (if applicable)

Attorney Docket No.

3190-004

First Named Inventor or Application Identifier

Tetsuo WATANABE, Takashi KINOSHITA, and Fumiya SHIRAI

PAGE 2 OF 3

11. [ ] Information Disclosure Statement	[] Copies of	IDS Citations		Total Pages []	
12. [ ] Preliminary Amendment	[ ] Please can	cel claims			
13. [X] Return Receipt Postcard (MPEP 503)					
4. [ ] Small Entity Statement(s)	[] Statement filed	in prior application			
15. [X] Claim for Convention Priority [X] Certified copy of Priority Document(s)  a. Priority of <u>Japanese Patent Application No. 11-018751</u> filed on <u>January 27, 1999</u> is claimed under 35 USC 119.  The certified copies/copy have/has been filed in prior application Serial No.  (For Continuing Applications, if applicable).					
16. [] Other					
FEE TRANSMITTAL	Number Filed	Number Extra	Rate	Basic Fee \$690.00	
The filing fee is calculated below					
Total Claims	10 - 20	0	x \$18.00	\$000.00	
Independent Claims	1 - 3	0	x \$78.00	\$000.00	
Multiple Dependent Claims \$260.00					
			Filing Fee	\$690.00	
Reduction by 1/2 for small entity \$0.00					
Fee for recording enclosed Assignment \$40.00					
TOTAL				\$730.00	

UTILITY PATENT	Attorney Docket No.	3190-004			
APPLICATION TRANSMITTAL					
(Only for new non-provisional applications Under 37 CFR 1.53(b)					
(Only for new non-provisional applications officer 57 CFR 1.35(b)	First Named Inventor or	Application Identifier			
		Takashi KINOSHITA, and Fumiya			
	SHIRAI	,			
	PAGE 3 OF 3				
	PAGE 5 OF 5				
[X] A check in the amount of $$730.00$ is enclosed to cover t	he filing fee.				
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[ ] Please charge Deposit Account No. 50-0925 in the total	amount of \$	to cover the filing fee.			
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[X] The Commissioner is hereby authorized to charge paym	ent for any additional	filing fees required under 37 CFR			
1.16 or credit any overpayment to Deposit Account No. 50-		•			
1.10 of credit any overpayment to Deposit Account 110. 30-0923. A duplicate of this sheet is attached.					
48. CORRESPONDENCE ADDRESS:					
KILYK & BOWERSOX, P.L.L.C.					
3603-E Chain Bridge Road					
Luke A. Kilyk, Esq.  KILYK & BOWERSOX, P.L.L.C.  3603-E Chain Bridge Road  Fairfax, VA 22030  Telephone: (703) 385-9688  Faccipiles (703) 385-9747					
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Typed or Printed Name Luke A. Kilyk Re	g. No. 33,251				
Signature: Dat	e: January 21, 2000				
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